POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	*(handwritten)*	6814	2/2/00
O.I.P.E. CLASSIFIER			2-16-00
FORMALITY REVIEW	*(handwritten)*	60126	4/3/00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	.... Rejected			N	.... Non-elected
=	.... Allowed			I	.... Interference
—	(Through numeral)... Canceled			A	.... Appeal
÷	.... Restricted			O	.... Objected

Claim (Final)	Original	2/1/02	7/25/0	11/6/0	4/11/03	04/26/0	03/05/0				Claim (Final)	Original	Date								Claim (Final)	Original	Date							
①	✔	✔		✔	✔	✔					51											101									
2	✔	✔		✔							52											102									
3	✔	✔		✔							53											103									
4	✔	✔		✔							54											104									
5	✔	✔		✔							55											105									
6	✔	✔		✔							56											106									
7	✔	✔		✔							57											107									
8	✔	✔		✔							58											108									
⑨	✔	✔									59											109									
10	✔	✔									60											110									
11	✔	✔									61											111									
12	✔	✔									62											112									
13	✔	✔									63											113									
14	✔	✔									64											114									
15	✔	✔									65											115									
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⑰	✔	✔									67											117									
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19	✔	✔									69											119									
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If more than 150 claims or 10 actions
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